

Notice of Approval/Denial for All Students

[Date]

[Child(ren)'s Name(s)]

[School(s)]

[Parent's Name and Address]

Dear Parent//Guardian:

Based on your application or other supporting documentation received by our office, your child/children have been:

_____ Approved for free meals based on: ☐ Household Meal Application
☐ Direct Certification – no further application is necessary

_____ Approved for reduced-price meals at \$0.40 for lunch and \$0.30 for breakfast based on:
☐ Household Meal Application
☐ Direct Certification – no further application is necessary.
 However, if you think your household may qualify for free meals based on household size and income, you may complete an application.

_____ Denied for the following reasons:
 _____ Income over the allowable amount.
 _____ Incomplete application. Complete the following information:

Please contact your school in the following situations:

- If there are other school-aged children in your household who are not listed above and you would like them to receive meal benefits
- You do not want your child/children to receive meal benefits
- You have additional questions

If you do not agree with this decision, you may discuss it with the district's hearing official. You also have a right to a fair hearing. To request a fair hearing, call or write the following official:

[Name and Title]

[Address]

[Phone]

Once approved, your children are eligible for free or reduced-price meals for the remainder of the school year.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or qualify for SNAP, TANF or FDIPIR you may fill out another application at that time.

Sincerely,

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions

participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.